

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

491142

APPLICANT(S)

FILING DATE

1-26-00

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN .	DEP.	NO.	DEP.	NO.	DEP.
1						
2						
3						
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47						
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49						
50						
TOTAL IN .	2					
TOTAL DEP.	19					
TOTAL	21					

	IN .		DEP.		IN .		DEP.	
	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
61								
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TOTAL IN .								
TOTAL DEP.								
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